

11/07/01  
j1048 U.S. PTO

12-07-01

A

Please type a plus sign (+) inside this box → 

PTO/SB/05 (4/98)

Approved for use through 09/30/2000. OMB 0651-0032

Patent and Trademark Office U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

# UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))

Attorney Docket No. ARC 2483N2

First Inventor or Application Identifier Atul Ayer

Title UNIFORM DRUG DELIVERY THERAPY

Express Mail Label No. EL 523935314 US

**APPLICATION ELEMENTS**

See MPEP chapter 600 concerning utility patent application contents.

1.  \* Fee Transmittal Form (e.g., PTO/SB/17)  
(Submit an original and a duplicate for fee processing)
2.  Specification [Total Pages 39]  
(preferred arrangement set forth below)
  - Descriptive title of the Invention
  - Cross References to Related Applications
  - Statement Regarding Fed sponsored R & D
  - Reference to Microfiche Appendix
  - Background of the Invention
  - Brief Summary of the Invention
  - Brief Description of the Drawings (if filed)
  - Detailed Description
  - Claim(s)
  - Abstract of the Disclosure
3.  Drawing(s) (35 U.S.C. 113) [Total Sheets 3]
4. Oath or Declaration [Total Pages 15]
- a.  Newly executed (original or copy)
- b.  Copy from a prior application (37 C.F.R. § 1.63(d))  
(for continuation/divisional with Box 16 completed)
  - i.  DELETION OF INVENTOR(S)  
Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).

\* NOTE FOR ITEMS 1 & 13 IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).

ADDRESS TO: Assistant Commissioner for Patents  
Box Patent Application  
Washington, DC 20231

5.  Microfiche Computer Program (Appendix)
6. Nucleotide and/or Amino Acid Sequence Submission  
(if applicable, all necessary)
  - a.  Computer Readable Copy
  - b.  Paper Copy (identical to computer copy)
  - c.  Statement verifying identity of above copies

**ACCOMPANYING APPLICATION PARTS**

7.  Assignment Papers (cover sheet & document(s))
8.  37 C.F.R. § 3.73(b) Statement  Power of  
(when there is an assignee)  Attorney
9.  English Translation Document (if applicable)
10.  Information Disclosure Statement (IDS)/PTO-1449  Copies of IDS Citations
11.  Preliminary Amendment
12.  Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)
- \* Small Entity Statement(s)  Statement filed in prior application (PTO/SB/09-12)
13.  Status still proper and desired
14.  Certified Copy of Priority Document(s)  
(if foreign priority is claimed)
15.  Other: .....  
.....  
.....

16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:

 Continuation  Divisional  Continuation-in-part (CIP) of prior application No. 09/602,916

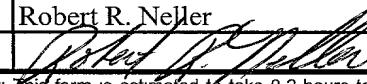
Prior application information: Examiner SEIDLECK, B. Group / Art Unit: 1615

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

**17. CORRESPONDENCE ADDRESS**

Customer Number or Bar Code Label 22921  
(Insert Customer No. or Attach bar code label here) or  Correspondence address below

Name			
Address			
City	State	Zip Code	
Country	Telephone	Fax	

Name (Print/Type)	Robert R. Neller	Registration No. (Attorney/Agent)	46,950
Signature		Date	9/25/01

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

# FEE TRANSMITTAL

## for FY 2000

Patent fees are subject to annual revision.

Small Entity payments must be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12. See 37 C.F.R. §§ 1.27 and 1.28.

TOTAL AMOUNT OF PAYMENT (\$870.00)

## Complete if Known

Application Number	
Filing Date	
First Named Inventor	Atul Ayer
Examiner Name	SEIDLECK, B.
Group / Art Unit	1615
Attorney Docket No.	ARC 2483N2

## METHOD OF PAYMENT (check one)

1.  The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to.

Deposit Account Number **01-1173**Deposit Account Name **ALZA Corporation** Charge Any Additional Fee Required Under 37 CFR §§ 1.16 and 1.17

2.  Payment Enclosed:

 Check     Money Order     Other

## FEE CALCULATION

## 1. BASIC FILING FEE

Large Entity Small Entity

Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
101	690	201 345 Utility filing fee	<b>710.00</b>
106	310	206 155 Design filing fee	
107	480	207 240 Plant filing fee	
108	690	208 345 Reissue filing fee	
114	150	214 75 Provisional filing fee	

SUBTOTAL (1) (\$ 710.00)

## 2. EXTRA CLAIM FEES

Extra Claims	Fee from below	Fee Paid
Total Claims <b>15</b>	-20** = <b>0</b>	x <b>18</b> = <b>0</b>
Independent Claims <b>5</b>	-3** = <b>2</b>	x <b>80</b> = <b>160</b>
Multiple Dependent		= <b>0</b>

\*or number previously paid, if greater; For Reissues, see below

Large Entity Small Entity

Fee Code (\$)	Fee Code (\$)	Fee Description
103	18	203 9 Claims in excess of 20
102	78	202 39 Independent claims in excess of 3
104	260	204 130 Multiple dependent claim, if not paid
109	78	209 39 ** Reissue independent claims over original patent
110	18	210 9 ** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$ 160.00)

## 3. ADDITIONAL FEES

Large Entity Small Entity

Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
105	130	205 65 Surcharge - late filing fee or oath	0.00
127	50	227 25 Surcharge - late provisional filing fee or cover sheet	0.00
139	130	139 130 Non-English specification	0.00
147	2,520	147 2,520 For filing a request for reexamination	0.00
112	920*	112 920* Requesting publication of SIR prior to Examiner action	0.00
113	1,840*	113 1,840* Requesting publication of SIR after Examiner action	0.00
115	110	215 55 Extension for reply within first month	0.00
116	380	216 190 Extension for reply within second month	0.00
117	870	217 435 Extension for reply within third month	0.00
118	1,360	218 680 Extension for reply within fourth month	0.00
128	1,850	228 925 Extension for reply within fifth month	0.00
119	300	219 150 Notice of Appeal	0.00
120	300	220 150 Filing a brief in support of an appeal	0.00
121	260	221 130 Request for oral hearing	0.00
138	1,510	138 1,510 Petition to institute a public use proceeding	0.00
140	110	240 55 Petition to revive - unavoidable	0.00
141	1,210	241 605 Petition to revive - unintentional	0.00
142	1,210	242 605 Utility issue fee (or reissue)	0.00
143	430	243 215 Design issue fee	0.00
144	580	244 290 Plant issue fee	0.00
122	130	122 130 Petitions to the Commissioner	0.00
123	50	123 50 Petitions related to provisional applications	0.00
126	240	126 240 Submission of Information Disclosure Stmt	0.00
581	40	581 40 Recording each patent assignment per property (times number of properties)	0.00
146	690	246 345 Filing a submission after final rejection (37 CFR § 1.129(a))	0.00
149	690	249 345 For each additional invention to be examined (37 CFR § 1.129(b))	0.00

Other fee (specify) \_\_\_\_\_

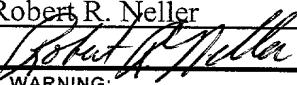
Other fee (specify) \_\_\_\_\_

\* Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$ 0.00)

## SUBMITTED BY

Complete if applicable

Name (Print/Type)	Robert R. Neller	Registration No. (Attorney/Agent)	46,950	Telephone	650-564-5171
Signature				Date	9-25-01

## WARNING:

Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231 DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO Assistant Commissioner for Patents, Washington, DC 20231

**CERTIFICATE OF MAILING BY "EXPRESS MAIL" (37 CFR 1.10)**

Applicant(s): AYER, Atul D., et al.

Docket No.

ARC 2483 N2

Serial No.

Filing Date

Examiner

Group Art Unit

Invention: **UNIFORM DRUG DELIVERY THERAPY**

I hereby certify that the following correspondence:

**Utility Patent Application Transmittal, 1 p; Fee Transmittal, 2 pp; Preliminary Amendment, 10 pp; Copy of IDS, 3 pp; Copies of IDC, 7 pp; Patent Application, 39pp; Copy of Declaration, 5 pp; Drawings, 3 sheets and postcard acknowledgement.***(Identify type of correspondence)*

is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 in an envelope addressed to: The Assistant Commissioner for Patents, Washington, D.C. 20231 on

November, 7 2001*(Date)*Maria E. Valenzuela*(Typed or Printed Name of Person Mailing Correspondence)**(Signature of Person Mailing Correspondence)*EL 523 935 314 US*("Express Mail" Mailing Label Number)*

Note: Each paper must have its own certificate of mailing.